PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09751357

		CLAIMS AS	S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			31					RATE	FEE		D. 225	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		-1	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			3/ minus 20=		• //			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		•			X40=		OR	X80=	
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column								TOTAL		451 Bu	TOTAL	
CLAIMS AS AMENDED - PART II									STATE OF THE STATE OF	Man Lin	OTHER	THAN
_	i.	•	SMALL	ENTITY	OR	SMALL						
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	DUSLY	PRESENT	A Company	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 3/	Minus	3	3/	=	. j	X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MU	Minus	***	3	=	4.	X40=	A STATE OF THE STA	OR	X80=	
<u> </u>	I THOT THESE	NIATION OF MIC	THE DE	ENDENI	CLAIM			+135=	- J. 1857a	OR	+270=	
								TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING		HIGH	EST	PRESENT	l F	1 (best	ADDI-			ADDI-
		AFTER AMENDMENT		PREVIO PAID	DUSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	. 44	Minus	• 3	3/.	= /3	$ \ $	X\$ 9=		OR	X\$18=	33
	Independent	* 4	Minus	*** (3.	= /		X40=	ورثياء أحدثه وسا	OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
	و00ء	aty to my	404 0400 C		. 4	£ 1 1		TOTAL			TOTAL	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Called atty to inquire about class 9-31 Supl (Column 1) (Column 2) (Column 3)							Α	DDIT. FEE			ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING		HIGHE NUMB PREVIO PAID F	BER	PRESENT EXTRA	Ìſ		ADDI-	٠,	-	ADDI-
	****	AFTER AMENDMENT						RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	. 21	Minus	·· 3	?/	=		X\$ 9=		OR	X\$18=.	,
	Independent	* 2	Minus		3	=		X40=		OR	X80=	
<u></u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ነ	+135=		OR	+270=	
• 1	If the entry in colur	mn 1 is less than the	e ntry in colu	mn 2, writ	"0" in col	umn 3.	. L	TOTAL		OR	TOTAL	
***	If th "Highest Nu	mber Pri viously Pa mbir Previ i usly Pa iber Previously Pai	id F r IN THE	S SPACE is	s I ss thai	n 3, enter "3."	2	DDIT. FEE	propriat box	ļ.	ADDIT. FEE	